

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION			
O.I.P.E. CLASSIFIER		48	7/23/01
FORMALITY REVIEW	CV	503	08-27-3
RESPONSE FORMALITY REVIEW	CC	1114	03-19-02

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INDEX OF CLAIMS

<	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral)... Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Final	Original	Date
1	X	X	7/27/01
2	X	X	7/27/01
3	X	X	7/27/01
4	X	X	7/27/01
5	X	X	7/27/01
6	X	X	7/27/01
7	X	X	7/27/01
8	X	X	7/27/01
9	X	X	7/27/01
10	X	X	7/27/01
11	X	X	7/27/01
12	X	X	7/27/01
13	X	X	7/27/01
14	X	X	7/27/01
15	X	X	7/27/01
16	X	X	7/27/01
17	X	X	7/27/01
18	X	X	7/27/01
19	X	X	7/27/01
20	X	X	7/27/01
21	X	X	7/27/01
22	X	X	7/27/01
23	X	X	7/27/01
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26	X	X	7/27/01
27	X	X	7/27/01
28	X	X	7/27/01
29	X	X	7/27/01
30	X	X	7/27/01
31	X	X	7/27/01
32	X	X	7/27/01
33	X	X	7/27/01
34	X	X	7/27/01
35	X	X	7/27/01
36	X	X	7/27/01
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38	X	X	7/27/01
39	X	X	7/27/01
40	X	X	7/27/01
41	X	X	7/27/01
42	X	X	7/27/01
43	X	X	7/27/01
44	X	X	7/27/01
45	X	X	7/27/01
46	X	X	7/27/01
47	X	X	7/27/01
48	X	X	7/27/01
49	X	X	7/27/01
50	X	X	7/27/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet ther

(LEFT INSIDE)

06/27/01
08/28/01
35
3/28/02

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